

State of Nevada Board of Examiners for Social Workers

Application for License

Please Type or Print

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

_____Independent Social Worker

Clinical Social Worker _____

General Information

Present Legal Name _____

Last

First

Middle

List any other name ever used: _____

Mailing Address _____

Street

City

State

Zip

Telephone (____) _____ Social Security Number _____ Date of Birth _____

Are you currently or have you ever been licensed, registered, or certified as a social worker in another state?

Yes _____ No _____ If yes, which state(s)? _____

Have you taken an ASWB examination? Yes _____ No _____ If Yes, Date Taken _____

If Yes, which level? Basic _____ Intermediate _____ Advanced _____ Clinical _____

Have you completed 3000 postgraduate hours specific to the license you are applying for? Yes _____ No _____

If No, have you included an application for an internship program? Yes _____ No _____

What other professional Nevada state licenses or certifications do you currently hold? _____

Are you seeking a provisional license? Yes _____ No _____

If yes, to take ASWB exam _____ or, to obtain a social work degree _____ ?

Citizenship: US Citizen _____ Alien Registration # _____ Other _____

SUBMIT COPY OF BIRTH CERTIFICATE, PASSPORT, CERTIFICATE OF NATURALIZATION OR ALIEN REGISTRATION CARD.

Employment: List 10 years of work history in chronological order beginning with the most recent. (Explain any gaps) Attach additional sheets if necessary.

Employer Address Telephone

Position Supervisor Dates of Employment

Duties

Employer Address Telephone

Position Supervisor Dates of Employment

Duties

Employer Address Telephone

Position Supervisor Dates of Employment

Duties

Board Use Only

Date Received _____

Check # _____

Amount _____

Education:

A COPY OF A CERTIFIED TRANSCRIPT SHOWING THE DEGREE AWARDED MUST BE RECEIVED DIRECTLY FROM THE SCHOOL.

Name of School	Location	Major	Degree	Date Awarded
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- | | Yes | No |
|---|-------|-------|
| 1. Have you ever been convicted of a felony? | _____ | _____ |
| 2. Have you ever been arrested or convicted of any offense involving moral turpitude; or possession, distribution or use of a controlled substance or dangerous drug? | _____ | _____ |
| 3. Have you ever been denied a license or certification or been denied approval to take a licensing examination? | _____ | _____ |
| 4. Have you ever been the subject of an administrative action or proceeding relating to a professional license or certification? | _____ | _____ |
| 5. Have you ever surrendered a professional license or certification, voluntarily or otherwise? | _____ | _____ |
| 6. Have you ever been charged with unprofessional conduct or professional incompetence? | _____ | _____ |
| 7. Do you have a medical condition that in any way impairs or limits your ability to deliver essential social work services? | _____ | _____ |
| 8. Do you use any chemical substance(s) (including prescriptions) which in any way impairs or limits your ability to deliver essential social work services? | _____ | _____ |

If the answer to any question 1 through 8 is "Yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstances or contain an order, agreement or other disposition are required.

9. Child Support Information-Please check appropriate answer-It is mandatory that you answer this question.

- a. ☐ I am not subject to a court order for the support of a child
- b. ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- c. ☐ I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I have read all questions, answers and statements and know the contents thereof. I hereby certify under the penalty of perjury that the information furnished on this document is true and correct.

I hereby authorize the Board of Examiners for Social Workers, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualifications and reputation, as it may deem necessary, proper or desirable. No liability of any sort or kind shall attach itself to the said Board of Examiners for Social Workers, its members, servants or employees or by reason of the use of the authorization.

Dated

Signature of Applicant

Notary Seal

Subscribed and sworn to before me this _____
day of _____
Month/Year

Signature of Notary

Notary Public for State of _____

My commission expires _____